# Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee. This form must be accompanied by forms CRO-3100 and CRO-3500 (when a

Amendment ☐ Yes X No

Committee T	e accompanied by forms CRO-3100 and of formation	CRO-3500 (when a	mending, onl	v re-submit if	annlicable	
1. Committee In a. Full Name	normation		mang, om	J 10-Subilit II	applicable).	
	_			c. ID Numbe	r	
	K FOR SCHOOL !	BOARD		TAN	2001	
b. Mailing Address (	include City, State and Zip Code)				85N	
C/0 1	4160 CINNAMON RUN			d. Date Orga		
	N BERN, NC 28562	2_			/2015	
				e. Phone Num		
. Candidate Info	Ormation			30874	14 10 68	
Full Name	A mation		Candidat	e's Primary Co	mmittee	
		e. Candidate ID Nur	nber	f. Party Affilia	ition	
CAREN KIMBERLY FINK		ICD85 N g. Office Sought		NON PARTISAN		
Mailing Address (include City, State, and Zip Code)				(Indicate Non-partisan if applicabl		
646 500	SE CREEK RD		0			
NEW BE	RN, NC 28562	CRAVENCOUNTY SCHOOLBOARD DIST 5				
Phone Number	d. Email Address	L North Till at the		Jurisdiction	, ,	
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Treasurer Info	mation		4. Custodian of Books Information			
Full Name		a. Full Name	ooks Inform	ation		
RABGOT N	1 GRISWOLD					
Mailing Add	I GRIJWULV	ROBERT M GRISWOLD				
	clude City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)				
7160 CI	NNAMON RUN	4160 CINNAMON RUN				
NEW BE	RN, NC 28562	NEW BERN, NC 28562				
hone Number	d. Email Address	c. Phone Number d. Email Address				
89441068	RGRISWOL@AOL.COM	508 944 1068 RGRISWOL & AOL. COM				
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ertify that the Co	mmittee or Fund is in compliance with all	l applicable provision	ons of Article	224 220 8	Crav Bd. of 22D-22M et	
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	1 GRISWOLD Kota	TM Ausa	ral.	12/19	12010	
Printed :	Name of Signer Signal	ture of Appointed Treasu	ırer	Date	9	



# North Carolina

### State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

FILED BY:

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

# **Certification of Threshold**

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

## FINK FOR SCHOOL BOARD ROBERT M GRISWOLD 4160 CINNAMON RUN Committee Name: Treasurer Name: Treasurer Address: NEW BERN NC 2856 (include city, state, & zip) Craven Co. 508-944-1068 Treasurer Phone: Check One: I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports. THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required. Signature



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## **Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:		
Candidate Name:	Kim Fink	
Treasurer Name:	ROBERT M GRISWOLD	
Treasurer Address:	4160 CINNAMON RUN	
(include city, state, & zip)	NEW BERN, NC 28562 181920212223	24.25°
		4
	<b>74</b> DEC 2015	
Treasurer Phone:	508-944-1068 Craven Co	ions
	308-744-1068 Craverios	, S
the duties and responsibilities	nation is correct, and I, as candidate, appoint said treasurer to personal straights imposed upon the appointed treasurer and subject to the penalties and Regulation of Election Campaigns of Chapter 163 of the North Carolina	<i>!</i>

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

12-16-15 Date Signed Haven X Fink
Signature of Candidate





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# **Candidate Designation of Committee Funds**

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.						
Candidate Name: Kim Fink						
Committee Name: Fink For School Board  Treasurer Name: Robert M Griswold						
Treasurer Name: Robert M Griswold						
If Candidate is own treasurer, designate an agent to carry out designations:						
Committee ID #: \( \tau \cdot 0 \ \ 85 \times \)						
Level Registered: [State] [County] If county, specify: County						
I, Kim Fink, hereby direct that in the event of my death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).						
Name of Entity (Select from §163-278.16B(a))  Plan for Disbursement (eg. Appent or %)						
2						
3						
1. Craven County GoP  2  By signing this form, I certify that the foregoing entities are eligible beneficiaries under Square Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.						
Signature of Candidate:						
Date: 12-21-15						
CRO-3900 Candidate Designation of Committee Funds July 2014						